

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>MD</i>	<i>(K-1)</i>	<i>7/16/00</i>
O.I.P.E. CLASSIFIER		<i>10</i>	<i>7-22-00</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>MD</i>		<i>7/22/00</i>

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	7/16/00
2	✓	✓	7/16/00
3	✓	✓	7/16/00
4	✓	✓	7/16/00
5	✓	✓	7/16/00
6	✓	✓	7/16/00
7	✓	✓	7/16/00
8	✓	✓	7/16/00
9	✓	✓	7/16/00
10	✓	✓	7/16/00
11	✓	✓	7/16/00
12	✓	✓	7/16/00
13	✓	✓	7/16/00
14	✓	✓	7/16/00
15	✓	✓	7/16/00
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18	✓	✓	7/16/00
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28	✓	✓	7/16/00
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31	✓	✓	7/16/00
32	✓	✓	7/16/00
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48	✓	✓	7/16/00
49	✓	✓	7/16/00
50	✓	✓	7/16/00

Claim	Final	Original	Date
51	✓	✓	7/16/00
52	✓	✓	7/16/00
53	✓	✓	7/16/00
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82	✓	✓	7/16/00
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85	✓	✓	7/16/00
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87	✓	✓	7/16/00
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97	✓	✓	7/16/00
98	✓	✓	7/16/00
99	✓	✓	7/16/00
100	✓	✓	7/16/00

Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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